

ANYTOWN® Volunteer Application

Thank you for considering Community Tampa BayTM as a place to donate your time and talents. Volunteers are vital to the success of the many programs we offer. Without you, we would not be able to meet the growing needs of the participants and the community. If you have any questions regarding the application process, please contact our office.

Community Tampa BayTM does not discriminate on the basis of race, sex, color, ability, national origin, religion, creed, age, marital status, sexual orientation, citizenship, or authorized alien status, or veteran status.

GENERAL APPLICATION INSTRUCTIONS

Please print clearly and legibly. All questions must be answered factually and completely. Mark "N/A" to any question that does not pertain to you. Do not leave any questions blank. Remember to sign the application in the space provided at the end of the form. Any volunteer under the age of 18 must have parent consent and signature.

Name:			Soc. Sec.:
(First)	(Middle)	(Last)	
Address:	(6)		City:
	(Street)		
State: ZIP:		How long have you bee	en at this address?
Home Phone ():		Business Phone ():
E-Mail Address:			_ Cell Phone: ()
Demographic Information: ple	ase mark all the apply to yo	и	
FemaleMale			
White/ European Americ	anHispanic _	Native-America	anMulti-racial
Black/African American	Asian/Pacific Isla	nderOther (Specify)
AtheistBuddhi			JewishNon-denominational
Are you 18 years of age or older	? (Check One)	YESNO	Please list your birth date/
Volunteer Position(s) Applying	g For:		
Programming (ANYTO	OWN TM , Youth Conferences	, etc.)Commu	nity Relations (Events, Office, General Support, Public Relations)
, ,			
Are there any particular skills, ta	llents, or interests you would	l like to share?	
What is your quallability?			

Have you previously participated in any Commu	nity Tampa Bay™ pro	grams?			_ _
Employment History: Please list your current of	or most recent employe	r. You may attach a	current resume, if de	esired	
Name of Company/Organization:					
Address:					
(Street)		(City)		(State)	(Zip)
Telephone: ()	Dates Employed:	to	Job Title	e:	
Name and Title of Immediate Supervisor:					
Do you have a current driver's license? Yes	No Do	you have the use of	a car? Yes	No	
Education: Please list the school and location, a	degree/diploma earned	, if any, for the highe	est level of education	achieved.	
School & Location:					
Degree/Diploma Earned:					
Health and Emergency Contact Information					
Name:		Rela	tionship to Applicant	t:	
(First) (Middle)	(Last)	1			
Address:(Street)		(City)		(State)	(7:n)
Work Phone: ()	Call Phone: ()	. •	Home phone: ((State)	(Zip)
work I holie. ()	cen i none. ()		Home phone. (/	
Do you have any existing health conditions? (Ch	neck One)	YESN	0		
If yes, please describe:					
Is there anything that will prevent you from perf accommodations? (Check One) YE	•	nctions of the position	on for which you are	applying, with or	without reasonable
If yes, please explain:					
References: For the safety of our participants, s may include supervisors, co-workers, faith leader		-	-		-
Name:		Relationsl	nip to you:		
Phone Number: ()		E-Mail Ad	dress:		
Name:		Relationsl	nip to you:		
Phone Number: ()		E-Mail Ac	ldress:		

The volunteer understands that community service activities may include work that may be hazardous to the volunteer. The volunteer hereby expressly and specifically assumes the risk of injury or harm, or loss or damage to property arising from participation in the activities. If the volunteer requires accommodations for special needs or abilities, the volunteer must contact the Community Tampa Bay, whereby Community Tampa Bay, on a case by case basis, will review the accommodation request.
Background Screening Release: I hereby certify that the information provided relative to the background screening process and on the volunteer application is true and accurate and subject to verification by Community Tampa Bay. I authorize the schools, persons, previous employers, agencies and other organizations named in the volunteer application and screening forms to provide Community Tampa Bay (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer decision and hereby release any such schools, persons, employers, agencies and organization from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of facts on these forms may be justification for refusal of, or dismissal from, volunteer services. I will comply with all rules and regulations as set forth in Community Tampa Bay's volunteer policy manual or other communications distributed to volunteers. I understand that I must complete the volunteer application and volunteer training prior to performing volunteer services for Community Tampa Bay. I have read the above statement and accept the same as condition of my volunteer services with the Community Tampa Bay. Photo Release: I grant permission to Community Tampa Bay to use photographs and videotapes taken of me, for publication purposes. Assumption of Risk: The volunteer understands that community service activities may include work that may be hazardous to the volunteer. The volunteer hereby expressly and specifically assumes the risk of injury or harm, or loss or damage to property arising from participation in the activities. If the volunteer requires accommodations for special needs or abilities, the volunteer must contact the Community Tampa Bay, whereby Community Tampa Bay, on a case by case basis, will review the accommodation request. I have read and agree to the Assumption of Risk. Voluntary Release of Community Tampa Bay from Liability I am an adult
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understand this release includes any claims based on negligence, action or inaction of the Community Tampa Bay, its staff, board of directors, members, participants and guests.
I certify that the information provided in this application is true and complete. I authorize Community Tampa Bay to investigate this application and to secure any necessary information from all employers, references, academic institutions, and other organizations. I also agree to execute any additional written authorizations necessary for Community Tampa Bay to obtain access to and copies of records pertaining to this information. I agree to release any person, company, or other institution from any and all cause of action that otherwise might arise from supplying Community Tampa Bay with information it may request pursuant to this release. I understand that acceptance of my offer to volunteer services to Community Tampa Bay is contingent upon receipt of satisfactory responses to any or all investigations conducted by Community Tampa Bay. I understand that any false answers or statements, or misrepresentations by omission, made by me on this application or any related document will be sufficient for rejection of my application, or for my immedia discharge if discovered after I begin providing volunteer services. I agree to comply with all applicable policies, procedures, and rules of Community Tampa Bay, and I understand that any violation may result in my immediate dismissal as a volunteer. I understand that nothing in this application, or in acceptance of my offer to volunteer services, is intended to create an employment contract between Community Tampa Bay and me. I hereby acknowledge that I have read and understood the preceding statement.
I have read, understood, and am voluntarily agreeing to and signing this authorization and release.
Use of CTB Materials I understand that the materials and activities used in this program, including all manuals, exercises, and handouts are limited to the execution of authorized CTB employees. I further understand that copying or utilizing any portion of CTB material is prohibited unless a request is made and written permission is received from the CTB Executive Director.
Printed Name of Volunteer Signature of Volunteer Date

Ι

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Please Return the completed application with Signature page to:

Via Email:

Eric Vaughan Program Director <u>Eric@communitytampabay.org</u>

OR Via Mail

Community Tampa Bay 622 First Ave S. Suite #2 St. Petersburg Florida 33701